



RECEIVED NOV 5 2001



November 1, 2001

Attorney Chris Seufert
59 Central Street
Franklin NH 03235

RE: Edward Mussey Sr

Attorney Seufert:

Attached you will find a copy of the Group Life Claim form. This information is being sent down to our corporate office today.

Should you have any questions, please let me know.

Sincerely,


Diane Splett
Human Resources

Group Life Claimant's Statement
To be completed by each Beneficiary

Instructions

This form is to be completed by each person or persons to whom the benefit is legally payable as beneficiary. You are the beneficiary if so named by the insured on a group enrollment form or card. When there is more than one beneficiary, separate forms must be completed by each beneficiary. A certified copy of the Official Certificate of Death must be returned to the employer along with this form.

Please see the reverse side of this form for additional instructions if:

- The beneficiary is the estate of the insured.
- The beneficiary is a minor.
- The beneficiary is a trust.
- The insured's death has been ruled accidental.

CLAIMANT FILLS OUT THIS SECTION

1. Information about the Insured

Deceased's Name EDWARD MUSSEY	Social Security Number 002-32-0644	Group Policy Number
---	--	---------------------

2. Information about the Claimant

Name of Claimant (Full legal name) LINDA MUSSEY	Date of Birth 12/25/47	Social Security Number 002-34-7529
Address of Claimant: (include city, state and zip code) 20 Bond STREET PO Box 6130 Franklin 17H 03235		Telephone Number (603) 934-3946

3. Authorization and Signature

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number* and that I am not subject to backup withholding under the provisions of the Internal Revenue Code. I certify that the above statements are true and complete and I authorize any physicians, hospitals or medical facilities to release information about the insured to Sun Life of Canada.

Signature of claimant: *Linda G. Mussey* Date *July 2001*
(Please sign as you would sign a check.)
Print Name *Mrs Linda G. Mussey*

* For an individual, the taxpayer identification number is the same as the claimant's Social Security number.

4. Method of Payment

A Sun Financial Benefit Account (an interest-bearing checking account) will be opened and an information kit along with your personal checks will be returned to the employer for distribution to you if: 1) your claim is approved and 2) your share of proceeds exceeds the current applicable minimum set by Sun Life.

You may immediately use all or a portion of those funds by writing checks against that account. All checks and checking services are provided to you free of charge. Your account will earn interest. For a current quote on the interest being paid, call our toll free number 1-800-225-3950, extension 6930. In Massachusetts call 1-800-342-3936, extension 6930. (Note that your signature on any checks you write will be verified with the signature on this claim form.)

IMPORTANT - FOR BENEFICIARIES IN ARKANSAS, KANSAS, NEVADA, NORTH DAKOTA, NORTH CAROLINA:

You can elect to receive the proceeds in a lump sum check from Sun Life of Canada. Please indicate your choice below:

- ☐ I elect the Sun Financial Benefit Account.
- ☐ I elect the lump sum payment, as I am a resident of Arkansas, Kansas, Nevada, North Dakota, or North Carolina.

Certain states provide that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any materially false, incomplete, or misleading information, is guilty of a crime and subject to criminal and civil penalties.

☞ Please see reverse side for more instructions.

If the beneficiary is the estate: Life insurance benefits will be payable to the estate of an insured if:

- the insured's estate is designated as the beneficiary; or
- there is no record of a beneficiary designation; or
- the beneficiary died before the insured and there is no contingent beneficiary, (a certified death certificate of the beneficiary must be furnished).

Payment of the life insurance benefits in any one of these cases will be made to the executor or administrator of the estate. The executor or administrator is appointed by a probate court and is responsible for managing the insured's estate. Please note that a person named as the executor or administrator in the insured's last will & testament must be appointed by the court before payment can be made.

The executor or administrator of the estate should complete the Claimant's Statement and provide a certified copy of the Letters Testamentary or Letters of Administration issued by the probate court. The estate tax identification number, (not the social security number), is required on the Claimant's Statement.

If the beneficiary is a minor:

If the beneficiary is under 18 years of age, the guardian of the minor beneficiary should complete and sign the Claimant's Statement as guardian of the minor. The minor's social security number and date of birth should be indicated on section B, Part 2 of the Claimant's Statement.

Payment will be made to the court appointed guardian of the minor's property. A guardian is appointed by the court and is responsible for managing the minor's property. The certified certificate of appointment as guardian, issued by the court, must be furnished as well as the minor's tax identification number. Payment of any life insurance proceeds will be made to the guardian.

In the event that no guardian has been appointed, or at the request of the appointed guardian, the proceeds will be left on deposit with Sun Life of Canada until the minor reaches the age of majority or until a court appointed guardian has been named. The proceeds earn interest from the date of death. A certificate of deposit will be mailed to the guardian of the minor.

If the beneficiary is a trust:

When a trust or trust agreement is designated as the beneficiary, a notarized copy of the following pages of the trust must be provided: Face Page of Trust, Trustee or Successor Trustee designation, Signature Page of Trust.

The trustee should complete the Claimant's Statement. The trust's tax identification number, (not the social security number), is required on the Claimant's Statement.

If the insured died accidentally:

When the insured's death is the result of an accident, accidental death benefits may be payable if:

- The Group Policy and employee class contain accidental death benefits.
- The cause of death is "accidental" as defined under the group policy.
- The Policy exclusions do not apply (please refer to the group policy).

The official police or fire department report of the accident must be furnished to determine if accidental benefits are payable. If a toxicology test is administered, the official results of the test must be provided. We may need other information or reports to determine if the death is accidental under the terms of the policy.

TTS INDUSTRIES COMPANY BENEFITS CARD CP-WV-214

NAME OF EMPL. (PRINT)	LAST	FIRST	MIDDLE	S.S.#
	Mussey	Edward		002-32-0644
DEPT.	ADDRESS			
99				
CLK#	MARRIED	WIDOWED	MALE	
3711	SINGLE	DIVORCED	FEMALE	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
HIRE DATE	BIRTH DATE	SPOUSE'S BIRTH DATE	# OF DEP CHILDREN	PLEASE LIST NAMES & AGES ON BACK
11/9/87	3/21/41	12/29/47	2	
LIFE INSUR. AMOUNT	NAME OF BENEFICIARY	LAST	FIRST	MIDDLE
9,000	MUSSEY	Linda	C	
	FULL ADDRESS		DATE OF BIRTH	RELATIONSHIP TO EMPL.
	24 WEST BOW ST FRANKLIN NH		12-2-42	WIFE
DATE MEDICAL EFFECT.	CONTINGENT BENEFICIARY	LAST	FIRST	MIDDLE
	MUSSEY	Edward	V	
	FULL ADDRESS		DATE OF BIRTH	RELATIONSHIP TO EMPL.
	24 WEST BOW ST FRANKLIN		10-1-44	SON
DATE DENTAL EFFECT.	<input type="checkbox"/> I WANT PERSONAL COVERAGE ONLY. <input checked="" type="checkbox"/> I WANT PERSONAL AND DEPENDENT COVERAGE.			
	<input checked="" type="checkbox"/> I AUTHORIZE MY EMPLOYER TO DEDUCT FROM MY PAY ANY PRE-TAX CONTRIBUTIONS TO THE COST OF THIS COVERAGE.			
A & S WEEKLY BENEFITS	<input type="checkbox"/> I DECLINE MEDICAL COVERAGE, BUT CHOOSE TO KEEP ALL OTHER COVERAGE BEING PROVIDED BY THE COMPANY.			
\$125-	HMO <input checked="" type="checkbox"/> MATTS INS			
SIGNATURE		Edward V Mussey		DATE 5-6-91